

State of New Hampshire
Department for Health and Human Services
CAP Stakeholder Meeting



DATE: 10/9/20
TIME: 1-3 pm
LOCATION: Zoom Meeting

Minutes				
<i>Ground Rules: Please be present and actively engaged; please hibernate technology.</i>				
<i>Time</i>	<i>Topic</i>	<i>Category</i>	<i>Leader(s)</i>	<i>Key Takeaways & Action Items</i>
1:00-1:10	Welcome & Introductions	Information	Sandy Hunt	
1:10-1:40	Corrective Action Plan Update	Information	Sandy Hunt	<ul style="list-style-type: none"> BDS is currently under a Corrective Action Plan and is working with subcommittees consisting of stakeholders to become in compliance with Medicaid requirements for Conflict of Interest (COI), Direct Billing, Provider Selection and Rate Development (To identify rates for services and make rates consistent state wide). In September 2020 BDS requested that CMS extend the deadline of the CAP from 8/31/21 to 7/1/23. The letter is available at https://www.dhhs.nh.gov/dcbcs/bds/documents/cmcs-hcbs-extension-09212020.pdf. A draft revision of the timeline has been shared with the subcommittees for feedback. Revisions will be made based on stakeholder feedback.
1:40 - 2:25	Subcommittee Updates <ul style="list-style-type: none"> Provider Selection Subcommittee - Sue Silsby Provider Direct Billing/DAADS Rate 	Information	Sue Silsby & Sue Bagdasarian	Provider Selection Subcommittee Goals: <ul style="list-style-type: none"> Identify a baseline for statewide requirements of provider agencies and the provider selection process. Standardize the process for provider selection across the state. Support families and individuals to find and choose provider agencies without losing the strengths of the current area agency system. Workgroup Progress: <ul style="list-style-type: none"> List of area agency contacts for the provider selection process - DONE

	Subcommittee - Sue Bagdasarian		<ul style="list-style-type: none"> • Develop Provider Selection Process Template - ONGOING • Develop a Provider Directory - ONGOING • Develop a list of provider agencies in the state - DONE • Develop the Provider Selection system - ONGOING • Develop a provider agency outcomes report - ON HOLD <p>Additional Areas of Focus:</p> <ul style="list-style-type: none"> • Provider Manual: Providers will use the existing manual for Medicaid Enrolled Providers. • Provider requirement to be Medicaid Enrolled Providers, even if they are not going to engage in direct billing. <ul style="list-style-type: none"> ◦ Training was held on 9/18/20, over 200 providers attended. • Requirement for all case managers and service coordinators to be Medicaid Enrolled Providers if they are not affiliated with a Medicaid Enrolled provider or area agency. • Establish a vetting process for provider agencies. • Develop process for New Provider Agencies entering NH's DD/ABD/IHS service delivery system. Currently the Area Agencies develop their own processes for contracting with new agencies. • Next Provider Selection Subcommittee Meeting: <ul style="list-style-type: none"> ◦ December 4th 2020 1:00 pm - 3:00 pm <p>Direct Bill/Rates Workgroup Fiscal Management Services - FMS Designated Area Agency Delivery System - DAADS Direct Billing:</p> <ul style="list-style-type: none"> • A presentation on Becoming a Medicaid Enrolled Provider was held on Friday, September 18, 2020. The presentation can be found at https://www.dhhs.nh.gov/oii/pi.htm. • Direct Billing will begin 7/1/23. • All service providers are required to become a Medicaid enrolled provider, by March 31, 2021, who will bill Medicaid in one of the following two ways: <ol style="list-style-type: none"> 1. Use a current back office or build one and bill Medicaid directly; OR,
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				<p>2. Hire a third party biller to bill Medicaid on your behalf.</p> <ul style="list-style-type: none"> Area Agencies will be entering ALL Service Authorizations/Prior Authorizations into MMIS, for the individuals they are receiving a DAADS rate for. Providers will then be able to go into MMIS and submit a claim by procedure code modifier combinations. <p>Rate Modeling:</p> <ul style="list-style-type: none"> First round of rate modeling, with Area Agencies only, was completed February 2020. Area Agencies continued working, with CSNI, on rate building model which incorporated a data inventory that allows for consistent rate-building processes in all Area Agencies. No rate data is being shared among Area Agencies. Second round of rate modeling, to include Area Agencies and private providers, will begin next week. A Subcommittee is working on ensuring Case Management tasks are taken out of the Designated Area Agency Delivery System (DAADS) task list so the DAADS and CM rates are specific to their functions. <p>Case Management Subcommittee:</p> <ul style="list-style-type: none"> This subcommittee is working to ensure Case Management tasks are taken out of the Designated Area Agency Delivery System (DAADS) task list so the DAADS and CM rates are specific to their functions. A smaller group, consisting of members from the larger subcommittee, will be meeting again next week. Once the smaller group is finished the subcommittee will regroup to finalize before bringing it back to the larger group. <p>Early Supports & Services/Family Support Subcommittee:</p> <ul style="list-style-type: none"> This subcommittee met numerous times to review the Early Supports & Services (ESS)/Family Support (FS) task. For each task on the list, a funding source was identified, whether it was State General Funds in the Area Agency contract; Part C Federal funds in the Area Agency contract; or Local funds, which can include private insurance and Area Agency fund raising, to name a few. The funding source identified was reviewed for contract (State General Funds) or grant requirements (Part C).
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2:25-2:55	Questions	Discussion	All	<ul style="list-style-type: none"> • Will the external SC's have to go through the Medicaid Enrollment process? <ul style="list-style-type: none"> ◦ Yes - if not enrolled as a Medicaid Provider, the service coordinator will have to be affiliated with (i.e. employed or contracted through) an enrolled Medicaid Provider. • "All Case Managers" individually need to be enrolled, or all agencies/entities that provide CM/SC services need to be enrolled? <ul style="list-style-type: none"> ◦ All agencies/entities that provide CM/SC services need to be enrolled. • Will the lack of ITS Providers be taken into account in the final version of the OWQP that currently only addresses lack of providers in a rural area? <ul style="list-style-type: none"> ◦ OWQP criteria will remain the same in final version. This has been approved by CMS. The Area Agency is responsible for identifying ITS provider agencies, and/or building capacity in response to lack of providers.

				<ul style="list-style-type: none"> • If an area agency is going to provide services do they need to be on the directory? <ul style="list-style-type: none"> ○ Yes. • If the request to extend the compliance dates is accepted, will agencies still be asked to enroll/re-enroll as a Medicaid provider sooner rather than later? <ul style="list-style-type: none"> ○ Agencies are urged to enroll as soon as possible. • Who will be contacting the selected provider agencies regarding the 2nd round of rate modeling? <ul style="list-style-type: none"> ○ Jen Doig, BDS Finance Administrator. • Will some portion of the current 9% GM be allocated to support a rate for billing? <ul style="list-style-type: none"> ○ No. • The DAADS cost PMPMs will need to change based on the work of the DAADS/CM workgroup. <ul style="list-style-type: none"> ○ The DAADS rate is still in development and is contingent on the work of this workgroup. • Will the new rates be effective July 1, 2021 when the direct billing is implemented? <ul style="list-style-type: none"> ○ New rates will be identified prior to direct bill going into effect. This may get pushed out depending on CAP timeline. • The current DAADS document that is being reviewed has already been reviewed by 2 provider agencies to remove non-AA functions. This current work is additional to that. <ul style="list-style-type: none"> ○ Correct. • How is the largely “unfunded” but critical function of family support role considered? Within AA? Within CM? <ul style="list-style-type: none"> ○ This is a part of the discussion among the DAADS and Rate development subcommittee. In addition, it has already been
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				<p>considered as part of the ESS/FS subcommittee group and reported out at the CAP update meeting.</p> <ul style="list-style-type: none"> • I didn't notice mention of the transition/eligibility process for family support. Referring to the transition from FCESS to Family Support. <ul style="list-style-type: none"> ○ Children enrolled in FCESS are eligible for Family Support already. FCESS does not transition to Family Support but transitions to AA eligibility. • Who will be the chair of this committee since Christine S transitioned? <ul style="list-style-type: none"> ○ Sandy Hunt, BDS Bureau Chief. • Does the billing function within the DAADS functions have a rate/cost associated? <ul style="list-style-type: none"> ○ Yes as a Medicaid Administrative rate which will be through the Area Agencies contract with DHHS.
2:55 - 3:00	Closing	Information	Sandy Hunt	